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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO	
09/773,121	01/31/2001	John C. Adams	10006660-1	5388	
75	90 05/09/2005	EXAMINER			
	ACKARD COMPANY	STEELMAN, MARY J			
Intellectual Prop P.O. Box 27240	perty Administration		ART UNIT PAPER NUMBER		
Fort Collins, CO 80527-2400			2191		

DATE MAILED: 05/09/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



Interview Summary

Application No.	Applicant(s)		
09/773,121	ADAMS, JOHN C.		
Examiner	Art Unit		
Mary J. Steelman	2191		

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All participants (applicant, applicant's representative, PTO personnel):					
(1) Mary J. Steelman.	(3)				
(2) Michael G. Verga, Reg. No. 39,410.	(4)				
Date of Interview: <u>04 May 2005</u> .					
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	:)☐ applicant's representative	· e]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.				
Claim(s) discussed: <u>21,22 and 32-34</u> .					
Identification of prior art discussed:					
Agreement with respect to the claims f) was reached. g)∐ was not reached. h)⊠ N	I/A.			
Substance of Interview including description of the general reached, or any other comments: <u>Proposed amendment was</u>	nature of what was agreed to as discussed. Applicant may a	if an agreement amend independ	was <u>ent claims</u> .		
(A fuller description, if necessary, and a copy of the amenda allowable, if available, must be attached. Also, where no coallowable is available, a summary thereof must be attached	ppy of the amendments that w	reed would render ould render the	er the claims claims		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF Summary of Record of Interview requirements on reverse sign	last Office action has already THE MAILING DATE OF THIS DF THE SUBSTANCE OF TH	been filed, APP S INTERVIEW S	LICANT IS UMMARY		

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required